

NORTH CAROLINA,

----- COUNTY.

In Re: Sterilization

of -----

BEFORE THE

EUGENICS BOARD OF NORTH CAROLINA
CONSENT OF PATIENT

I, the undersigned ----- patient, do hereby give my

permission to -----

(Name and title, as Director of Public Welfare or Supt. of State Institution where patient is an inmate.)

to institute proceedings before the Eugenics Board of North Carolina for my sterilization; and I do hereby give my consent to the performance of such operation, said operation to be performed in accordance with the authorization of said Board.

Signed: -----

(Signature of patient)

VERIFICATION

NORTH CAROLINA,

----- COUNTY.

----- being duly sworn, deposes and says that he (or she) has read or has heard read the foregoing petition and knows the contents thereof; that the same is true of his (or her) own knowledge except as to those matters and things therein stated upon information and belief, as to those he (or she) believes it to be true. Deponent further says that the above was signed of his (or her) own free will and accord.

Signed -----

(Signature of patient)

Sworn to and subscribed before me, this

----- day of -----.

N. P.; J. P.; or Clerk Superior Court.

(SEAL) My commission expires -----